



2007 Health Summit Registration Form

October 15, 2007
Purdue University
West Lafayette, IN

The Summit will be photographed and video taped. By registering, the attendee agrees that those photographs may be used for future marketing.

PERSONAL INFORMATION

First Name

Last Name

Organization/Company

Mailing Address

City

State Zip Code Phone

Email

Please note, by registering for the Summit, you are also registering for INShape Indiana.

☐ I would like to receive information from 2007 INShape Indiana Sponsors and Exhibitors.

LUNCH INFORMATION

- ☐ Please check here if you will be attending lunch.
- ☐ Please check here if you would like to request a vegetarian meal.

EXHIBITOR INFORMATION

My organization would like to reserve an exhibit booth:

- | | | | |
|---|---------|---|-----------|
| <input type="checkbox"/> For Profit 10x10 | \$500 | <input type="checkbox"/> Non-Profit 10x20 | \$400 |
| <input type="checkbox"/> For Profit 10x20 | \$1,000 | <input type="checkbox"/> Non-Profit Partner 10x10 | No charge |
| <input type="checkbox"/> Non-Profit 10x10 | \$200 | <input type="checkbox"/> Non-Profit Partner 10x20 | \$200 |

EXHIBITOR/SPONSORSHIP

- ☐ I am interested in being a sponsor. Please contact me.
- ☐ I am interested in being an exhibitor. Please contact me.

REGISTRATION INFORMATION

Please select your registration type.

Registration Type	Registration Fee by September 30, 2007	Registration Fee after September 30, 2007
<input type="checkbox"/> Full Registration	<input type="checkbox"/> \$25	<input type="checkbox"/> \$35
<input type="checkbox"/> Exhibitor/Sponsorship Information Only	<input type="checkbox"/> No charge	<input type="checkbox"/> No charge

email: info@conventionmanagers.com